

North Carolina Department of Environment Division of Waste Management Solid Waste Section

esources

INVOICE 2012

Make checks payable to N.C. Division of Waste Management, Solid Waste Section, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Contact/Billing Information:	Facility Location Address:
Mr. John Brown, President Capitol Waste Transfer, LLC 3209-120 Gresham Lake Road Raleigh, NC 27615	Capitol Waste C&D Transfer Station 424 Warehouse Drive Raleigh, NC 27610

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0061	9-17-2012		\$3,000.00

- A. Permit Fee Requirements: Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.
- B. Explanation of Invoice Amount is Based on Facility's Current Permit Application

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
9237T-TRANSFER-2010	TRANSFER	Amendment (5 Year Renewal)	9/11/2012	\$3,000.00	\$3,000.00
		4 - 5	Tot	al Amount Due	\$3,000.00
				Amount Paid	\$0.00

C. Remit Payment (including a copy of this invoice) To:

Division of Waste Management Solid Waste Section 1646 Mail Service Center Raleigh, NC 27699-1646 Attn: Ellen Lorscheider

D. Solid Waste Contacts:

1. Questions about billing process: Ellen Lorscheider at (919) 707-8245

2. Questions about the Regulations and Technical Assistance:

Ed Mussler (919) 707-8281 Landfills, Transfer Stations

Michael Scott (919) 707-8246

Land Application Sites, Compost Facilities

E. <u>Update Your Information:</u> Please indicate any changes in Facility or Contact Information.

PERMIT APPLICATION REVIEW FORM

Review Requested by: Pa	it Backus	Date Reques	ted:	September 10, 2012		
Facility Name and D. 111D						
Facility Name and Permit ID	9237T-TRANSFER-2010 Capitol Waste C&D Transfer Station					
Applicant (Owner) Name	David W. King, Jr., Shotwell Transfer Station, Inc., and Capitol Waste Transfer, LLC					
Description of Permit Request	☐ (1)a. New – New Facility					
[This is the action the applicant is	(1)b. New – Expand Facility Boundary					
requesting in accordance with	(1)c. New – Expand Waste Boundary					
NCGS 130A-295.8(b)]	(1)d. New – Substantial Amendment					
	(2)a. Amendment – Next Phase of the Approved Facility Plan (2)b. Amendment – Five-year Renewal					
		dment – Chan		nip		
	(3)a. Modif	ication – Chan	ge to Approve	ed Plans (No CHR)		
	(3)b. Modification – Subsequent Permit to Operate (No CHR)					
Permit Fee	\$ 3,000					
Date Application Received	I received it 9/11/2012 but was dated 1/24/2012.					
Contact Name, Title & Phone #	John Brown, President, (919)795-0599					
Company	Capitol Waste Transfer, LLC					
911 Address	424 Warehouse Drive, Raleigh 27610					
Mailing Address	3209-120 Gresham Lake Road					
City/State/Zip	Raleigh, NC 27615					
Email Address	jbrown@debrisrp.com					
Parent Company						
Known Subsidiaries	David King has several businesses. I don't know if there is a parent- subsidiary relationship.					
Other known names business has						
operated under						
Known Counties of Operation	Wake					
Does the applicant have a past or current solid waste permit?	Yes ⊠ No	Unknowr				
ourient sond waste permits	Facility Type:	TS& C&D LF	Permit #: _			
Did the permit applicant submit	Yes 🛛 No	☐ N/a ☐	Not Neede	d 🗌		
Financial Assurance cost						
estimates?						
Other notes	** Contact for	all permit fee in	voices and a	nnual fee notices is listed		
				1182, dcook@debrisrp.com		